



PATIENT ACKNOWLEDGEMENTS

ACKNOWLEDGEMENT OF PHYSICIAN CONSULTATION POLICY

I understand that a family member/driver must remain present at the facility from the time of arrival until the patient is discharged. The physician will speak to the patient’s responsible party when the surgical procedure is complete. If there is no one present to speak to the surgeon, you may contact their office for further information. If responsible party is not present, Physicians Alliance Surgery Center cannot be held responsible for any of the patients’ personal belongings.

RECEIPT OF PATIENT NOTIFICATION INFORMATION

I acknowledge that I have received and reviewed patient notification information.

ADVANCE DIRECTIVE

I have an Advance Directive and a copy has been presented for placement in my records.

I do have an executed Advance Directive, but did not present it for placement in my chart.

I do not have an Advanced Directive.

LABORATORY AND PATHOLOGY SERVICE

If your surgeon chooses further testing, such as lab and pathology, specimens are sent to the lab of your choice. Charges for the lab and pathology will be billed separately.

PLEASE SELECT THE LAB OF YOUR CHOICE:

Southeast Health Saint Francis Medical Center Lab Corp Quest

If you have any questions, please discuss them with the registration area prior to your surgical procedure.

By signing below, I acknowledge and understand the above information.

Patient’s/Responsible Party’s Signature

Relationship to Patient

Date

Witness

Date